

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

MAR 13 1937

1. PLACE OF DEATH

County..... Jackson

Township..... Kaw

City..... Kansas City

Registration District No.....

Primary Registration District No.....

(No. 2015 Kansas Ave

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME Addie Davis

(a) Residence, No. 2015 Kansas Ave  
(Usual place of abode)

St.,

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Homer Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 12 1873

7. AGE

YEARS

63

MONTHS

1

DAYS

19

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas

FATHER

13. NAME

Robt K Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

MOTHER

15. MAIDEN NAME

Sarah Wells

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ill

17. INFORMANT (ADDRESS)

Homer Davis

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill

DATE

Feb. 4 1937

19. UNDERTAKER (ADDRESS)

Clyde Funeral Home

20. FILED

2/2

37 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 1 1937 to Feb. 1 1937

I last saw her alive on Feb. 1 1937 Death is said

to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Calumny  
Domestic  
(Cause unknown) No further information obtainable

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

600